

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/587964

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		1	
2		1		1		1
3		2		2		2
4		0		1		2
5		0		1		2
6		0		1		2
7		0		1		2
8		0		1		2
9		0		1		2
10		0		1		2
11		0		1		2
12		0		1		2
13		0		1		2
14		0		1		1
15		0		1		1
16		0		1		1
17		0		0		3
18		0		0		3
19		0		0		3
20		0		0		3
21		0		0		3
22		0		0		3
23		0		0		3
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27		0		0		3
28		0		0		3
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TOTAL IND.	1	↓	1	↓	1	↓
TOTAL DEP.	32	←	33	←	77	←
TOTAL CLAIMS	33		34		78	

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						